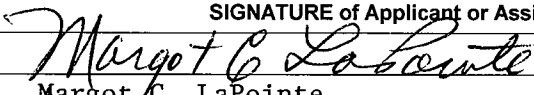


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/980,614
	Filing Date	April 17, 2002
	First Named Inventor	Yi Li
	Art Unit	1615
	Examiner Name	Carlos A. Azpuru
	Attorney Docket Number	900163.401USPC

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 00500				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number 00500 OR				
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Country				
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I am the: Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).				
SIGNATURE of Applicant or Assignee of Record				
Signature			Date	9-24-07
Name	Margot C. LaPointe			
Title and Company (Assignee)	Director of Research & IP Officer Henry Ford Health System			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of forms are submitted.				

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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